



Gallatin City-County Health Department

Subject: Performance Management Plan

Approved By: Matt Kelley, MPH, Health Officer

Signed:  5/19/14

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Purpose/Objective

The purpose of this document is to provide guidance and direction to the staff of Gallatin City-County Health Department about the use of performance management to monitor and improve the functions within the health department, and improve public health outcomes. Performance management is not intended to be used punitively, but to promote an organizational culture of continuous quality improvement.

Background

Beginning in 2010, program managers were required to create performance plans for their programs. These performance plans have been used to measure and track the progress of selected indicators for each program in each year since.

In 2013, the Gallatin City-County Health Department received a grant through the National Association of County and City Health Officials (NACCHO) to help prepare for national public health accreditation. As part of the accreditation process, a performance management system needed to be in place. The health department had many of the elements of a performance management system, but these elements weren't using a formal system to measure, track, and monitor or evaluate on a department-wide scale.

Definitions:

Performance Management is the strategic use of performance standards, measures, progress reports and ongoing quality improvement efforts to ensure an agency achieves desired results. The ultimate purpose of these efforts is to improve the public's health by actively using performance data.

Performance Plans are annual work plans for programs that operationalize the strategic plan, and include other elements from the Community Health Improvement Plan, National Accreditation Standards, grant and contract requirements as well as quality improvement goals.

Performance Targets- set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard. Performance targets are typically written in SMART format.

Performance Measures are measurable metrics that show a program's progress toward a performance target.

Dashboard Indicators are specific data points identified on the Performance Plans that are updated regularly and shared with the entire department on the Dashboard in the Ed Room.

Steering Committee- The steering committee will provide oversight of the performance management system, and will meet quarterly to review all performance measures that fall within the fiscal year. The committee will also recommend quality improvement projects where they deem appropriate, for instance, a QI project may be recommended if data shows that a target will not be met by the end of the fiscal year.

Steering Committee Governance Structure

The steering committee's responsibility will be to provide oversight to programs on the progress of performance plans and, ultimately, the successful implementation of the strategic plan. This committee will meet at least quarterly and will be responsible for ensuring linkage of QI initiatives to the programmatic performance plans and the strategic plan.

The membership of the Steering Committee will include the following members:

- Health Officer
- HS Director
- EHS Director
- Accreditation Coordinator
- One Administrative Staff member
- Administrative support will be determined by the Health Officer

Membership will be determined to ensure that representation is reflective of the health department.

For more information on the steering committee as it relates to quality improvement, please refer to the current Gallatin City-County Health Department Quality Improvement Plan.

Alignment

The following plans are all part of the performance management system.

- Agency Strategic Plan
- Community Health Improvement Plan
- Programmatic Performance Plans
- Quality Improvement Plan

The Agency strategic plan was conducted in the spring of 2013 and approved by the Board of Health on April 25, 2013. It will remain the functioning strategic plan through June 30, 2016. Appropriate indicators from the strategic plan are included in the annual programmatic performance plans.

The Community Health Improvement Plan (CHIP) was completed in December of 2012. The CHIP will be the functioning plan through the end of 2015. Appropriate indicators from Community Health Improvement Plan are included in the annual programmatic performance plans.

Performance plans are written each fiscal year by program managers. In addition to indicators from the strategic plan and CHIP, indicators related to grants or DPHHS deliverables may be added, in addition to other indicators as deemed appropriate by program managers and department directors in order to measure areas of the program that parties may be interested in exploring QI activities, or to better understand business practices.

In an effort to build quality improvement efforts into the health department's day-to-day functions, each performance plan will include a quality improvement-related deliverable.

Process

The health department will maintain a Steering Committee to guide performance management efforts. This committee will meet quarterly to review performance measures, quality improvement projects, and community health improvement plan progress, and report progress at least annually. A performance measurement tracking tool will be used to track all appropriate strategic plan objectives as well as all programmatic objectives that appear within each programmatic performance plan. The programmatic objectives are determined by the program supervisor and staff and may be objective(s) that requires tracking for other reporting purposes as well, such as grant funded programs, etc. This tracking tool will be used by the steering committee to assist in identifying when a Quality Improvement initiative may be recommended in order to achieve specific objectives.

Staff at all levels will be involved in determining and tracking indicators and objectives to be used for Performance Management within a process overseen and conducted by the Steering Committee. This data will be reported to the Board of Health twice yearly (July and January) and recommendations for further action or plan revision will be made at these times. These semi-annual Steering Committee reports will be shared with all department staff.

The steering committee will conduct a performance management self-assessment on an annual basis using the Public Health Foundation's self-assessment tool:

http://www.phf.org/resourcestools/Documents/PM_Self_Assess_Tool.pdf

This tool will allow the steering committee to assess how well the health department is addressing performance management and identify additional components that may help improve the performance of the department.